

06-13-05

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PTO/SB/31 (04-05)
Approved for use through 07/31/2006. OMB 0651-0031

NOTICE OF APPEAL FROM	no persons are required to respond to a collect THE EXAMINER TO	tion of info	emark Office; U.S. DEPARTMENT OF Commation unless it displays a valid OMB concket Number (Optional)	ntrol nu	
THE BOARD OF PATENT APPEALS AND INTERFERENCES			04305/100H520-US1		
	In re Application of Nanna K. Soni et al.	•			
	Application Number Filed O9/925,635-Conf. #2913 August 9, 20				
	For NOVEL PARENTERAL THEREOF	VACC	INE FORMULATIONS AND I	USE	
	Art Unit		Examiner		
	1648		S. A. Foley		
applicant hereby appeals to the E	Board of Patent Appeals and Interferen	nces fror	m the last decision of the examine	: Γ.	
The fee for this Notice of Appeal is	s (37 CFR 41.20(b)(1))		\$ 500.00		
Applicant claims small entity above is reduced by half, and	status. See 37 CFR 1.27. Therefore d the resulting fee is:	, the fee	shown \$		
A check in the amount of the	fee is enclosed.				
Payment by credit card. For	m PTO-2038 is attached.				
The Director has already been I have enclosed a duplicate of	en authorized to charge fees in this ap copy of this sheet.	plication	n to a Deposit Account.		
The Director is hereby autho	rized to charge any fees which may b	e require	ed, or credit any overpayment to		
	-0100 . I have enclosed a duplic	ate copy	y of this sheet.		
A petition for an extension of	time under 37 CFR 1.136(a) (PTO/SI	B/22) is	enclosed.		
am the					
applicant /inventor.		\leq	Solul Silve		
assignee of record of the See 37 CFR 3.71. State is enclosed. (Form PTO	ment under 37 CFR 3.73(b)		Stephen K. Sullivan		
is enclosed. (Form F10.	35/90)		Typed or printed name		
x attorney or agent of recor	d.		(212) 527-7700		
Registration number 4	3,171				
attorney or agent acting un	der 37 CFR 1.34.		Telephone number		
Registration number if acting		June 9, 2005 Date			
OTE: Signatures of all the inventor obmit multiple forms if more than or	s or assignees of record of the entire into e signature is required, see below*.	erest or t	heir representative(s) are required.		
*Total of 6 form	s are submitted.				
x Total of G					

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